



Aging Division, Community Living Section
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Michael A. Ceballos
Director

Mark Gordon
Governor

Dear Wyoming Resident:

The Wyoming Department of Health, Aging Division would like to invite you to give your thoughts and feedback on the needs of older adults and their care partners in Wyoming. Your participation in this survey will provide information that will be used to develop the Wyoming Four-Year State Plan on Aging for 2021-2025. This document not only is essential for federal funding of Wyoming support programs for older adults, but also provides a statewide strategy to help organizations understand the goals of older adults and the challenges they face.

Specifically, prior research has identified the need for people to continue living in their homes and communities as they age rather than transition to nursing homes or assisted living facilities. Our plan in conducting this survey is to understand the State's capacity to support these goals and uphold necessary nursing homes and assisted living facilities. Your comments are very valuable to us, and we appreciate your time in assisting with this important project for Wyoming. Participation in this survey is voluntary and will not affect delivery of services for your communities. We welcome comments from anyone but we are specifically interested in the comments of informal caregivers and older adults. If you choose to respond to this survey, please mail your response back by the end of February 2021.

Declaration of Informed Consent for Survey: I understand that this survey involves the minimal level of risk. I understand that all information will be kept confidential. My responses will also be anonymous. Finally, I understand that my participation is voluntary and I may discontinue participation at any time. My participation in this survey indicates informed consent.

Please return this survey using the stamped addressed envelope before the end of February 2021 and as soon as possible so we can process your answers and include your results in the State Plan on Aging. Return address is: **Wyoming Department of Health - Aging Division, Community Living Section, Hathaway Building, 2300 Capitol Avenue, 4th Floor, Cheyenne, WY 82002.**

Sincerely,

Lisa M. Osvold

Community Living Section-Aging Division
Wyoming Department of Health

Demographics section: This helps us analyze your data anonymously so we can better understand the wider needs of Wyoming.

What is your Zip code? _____

What are your living arrangements?

- ☐ Live in owned property (paid off)
- ☐ Live in owned property (paying mortgage)
- ☐ Live in rented property
- ☐ Live in subsidized housing
- ☐ Living with a non-partner friend/relative in owned property
- ☐ Living with a non-partner friend/relative in rented property
- ☐ Something else: _____

Please provide your age: _____

What is your biological sex as indicated on your original birth certificate?

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ Prefer not to say
- ☐ Something else: _____

Please tell us with what race you identify:

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Prefer not to say

Please indicate if you have served in the United States Armed Forces.

- ☐ Yes ☐ No

How did you hear about this survey (Select all that apply)?

- ☐ Mailed invitation
- ☐ Word of mouth
- ☐ Aging Division website
- ☐ AARP
- ☐ Aging Division Facebook page
- ☐ Other: _____
- ☐ Newspaper

General Section

Aging section: This section asks questions directly pertaining to the state of the aging population in Wyoming

What (if any) are the greatest challenges facing the aging population in your county? (select top three choices)

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- ☐ Important healthcare services are far away from home or unavailable
- ☐ Legal services are far away from home or unavailable
- ☐ Home repair/modification services are far away from home or unavailable
- ☐ Services, like meal delivery and nursing homes, are too expensive
- ☐ Working-age adults aged 25-54 are leaving communities
- ☐ People are prejudiced against older adults (ageism)
- ☐ There are limited options for nursing homes or assisted living facilities in the area
- ☐ Elder abuse or neglect
- ☐ Financial exploitation of older adults
- ☐ Older adults are frailer
- ☐ There are few supports for people living with dementia
- ☐ My county is not facing any challenges
- ☐ People are isolated
- ☐ Other: _____

How do you receive information and news about available support or services in your area?

(Select all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Radio | <input type="checkbox"/> Health Center |
| <input type="checkbox"/> Senior Centers | <input type="checkbox"/> Mail | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Library | _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Newsletters | |
| <input type="checkbox"/> Yellow pages/Phone book | <input type="checkbox"/> Social Media | |
| | <input type="checkbox"/> Primary Care Provider | |

Which organizations do you get information from? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Wyoming 211 (a Wyoming call line and website that can connect older adults to community resources that can help them) | <input type="checkbox"/> Aging Division at the Wyoming Department of Health |
| <input type="checkbox"/> Aging and Disability Resource Center (ADRC) website | <input type="checkbox"/> Medicaid Office |
| <input type="checkbox"/> University of Wyoming/WyCOA | <input type="checkbox"/> Medicare Office |
| <input type="checkbox"/> Local government offices | <input type="checkbox"/> Administration for Community Living (ACL) |
| <input type="checkbox"/> Faith-based organizations (church community) | <input type="checkbox"/> NPR or Wyoming Public Radio |
| <input type="checkbox"/> AARP | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Alzheimer's Association | <input type="checkbox"/> Other: _____ |

The following personal questions are intended to help us develop goals for the federal and Aging Division programs. Your personal story will inform us on how people live and plan to live in the future.

Considering yourself at age sixty or older, what are your financial plans over the next ten years as you and/or your partner age? (Select all that apply)

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- ☐ Live on social security
- ☐ Live on private savings (defined contribution plans, individual retirement plans, Nonqualified Deferred Contribution Plans)
- ☐ Live on income from private investments, including real estate
- ☐ Live on a pension plan
- ☐ Live with family/friends
- ☐ Continue working for money
- ☐ Reverse mortgage
- ☐ Continue or begin other Federal or State support programs
- ☐ Unknown
- ☐ Other: _____

Considering yourself at age sixty or older, what are your living arrangement goals over the next ten years as you and/or your partner age? (Select all that apply)

- ☐ Stay in current housing with no changes
- ☐ Modify current housing to be more accessible to older adults/adults with disabilities
- ☐ Move housing to another place in the same community
- ☐ Move in with a friend/family member
- ☐ Move into new housing outside the community
- ☐ Move to senior housing (independent living communities for older adults)
- ☐ Move to an assisted living facility
- ☐ Move to a nursing home
- ☐ Unknown
- ☐ Other: _____

Considering yourself at age sixty or older, what are your personal goals over the next ten years as you and/or your partner age? (Select all that apply)

- ☐ Continue living in your current community
- ☐ Live independently
- ☐ Work/volunteer
- ☐ Develop and maintain deep relationships
- ☐ Continue education
- ☐ Pick up new activities and interests or continue current ones
- ☐ Improve or maintain physical and mental health
- ☐ Unknown
- ☐ Other: _____

Have you experienced or personally know an older adult who has experienced physical, emotional, and/or financial abuse/neglect? ☐ Yes ☐ No

[illegible]

Emergency: 911

☐ There are no issues for older adults hoping to live in my community

Please indicate how important these things are to you when you consider aging in your community currently or twenty years into the future.

1- Not important at all, 2-Slightly important, 3-Very important, 4- Extremely important

	1	2	3	4
Having a local senior center to provide services				
Advanced medical planning to identify care goals and financing healthcare treatments				
Transportation services for people who cannot drive				
Meal and food delivery services				
Social and recreational activity opportunities, including exercise				
Local medical care, including emergency services and specialists				
Personal care (daily living) home services				
Home health care (medical) services				
Respite services, where either someone comes to a residence or a person in need of services stays in a care facility temporarily				
Elder day services, where a person in need of services stays in an adult day care setting				
Legal services/counsel				
Financial advising/planning				
General shopping access				
Affordable, accessible housing for older adults				
Internet access				
Employment/volunteer opportunities				
Nearby friends and/or family who can help you				
Other (please specify): _____				
	1	2	3	4

1- Not important at all, 2-Slightly important, 3-Very important, 4- Extremely important

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Please indicate yes or no

<u>Availability Of / Access To</u>	Yes	No
Is there an accessible senior center close to you?		
Can you access advanced medical planning to identify care goals and financing healthcare treatments for yourself?		
Is there sufficient transportation in your community?		
Are there meal and food delivery services in your community?		
Social and recreational activities, including exercise		
Do you have sufficient medical care access, including to specialists and emergency service		
Are personal care (daily living) home services available to you?		
Are home health care (medical) services available to you?		
Respite services, where either someone comes to a residence or a person in need of service stays in a care facility temporarily		
Elder day services, where a person in need of services stays in an adult day care setting		
Are you able to get legal services/counsel when you need it?		
Are you able to get financial advising/planning services when you need them?		
Are grocery stores available and accessible in your community?		
Is general, non-grocery shopping sufficiently available to you?		
Is there available, affordable housing for older adults in your community?		
Do you have a permanent internet connection?		
Are there good employment/volunteer opportunities for you?		
Other (please specify): _____		
	Yes	No

The following personal questions are intended to help us develop goals for the federal and Aging Division programs. Your personal story will inform us on how people live and plan to live in the future.

Are you an informal caregiver (an unpaid family member, friend, or neighbor caring for the well-being of someone else) in any of the situations described? (Select all that apply)

- ☐ Adults 18-59 living with a disability
- ☐ Older adults 60+ and/or living with a disability
- ☐ Children 17 and younger living with a disability
- ☐ Children 17 and younger (not as a parent)
- ☐ Children 17 and younger (as a parent)
- ☐ Formerly an informal caregiver (please describe further information in the 'Other' box)
- ☐ I am not an informal caregiver
- ☐ Other (describe your situation): _____

Have you done any planning to enable you to live in your current home or community as you grow older (aka age in place)? ☐ A great deal ☐ A lot ☐ A little ☐ None at all

Skip to the final page/question if 59 or younger. Please only answer the next sections if you are 60 or older

Demographics II

Please indicate your marital status (circle one that applies)

Married	Never Married	Divorced	Partnered/Cohabiting	Widowed	Separated	Prefer not to say
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Do you have family or friends you can reach out to who live within a 30 minute drive?

- ☐ Yes ☐ No

How many people, including yourself, live in your household?

- ☐ 1 ☐ 3 ☐ 5+
☐ 2 ☐ 4

Older Adults (People who are 60 or older)

Do you still drive an automobile? ☐ Yes ☐ No

How has the COVID-19 pandemic impacted your life? (Select all that apply)

- ☐ I have gotten sick from COVID-19
- ☐ A loved one has gotten sick from COVID-19
- ☐ I am having difficulties receiving adequate medical care
- ☐ I am having difficulties receiving other services important to me
- ☐ My income has been negatively impacted
- ☐ I am having difficulty purchasing essential products
- ☐ My social life has been negatively impacted
- ☐ My emotional health has worsened

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- | | |
|--|--|
| <input type="checkbox"/> My sleep quality has worsened | <input type="checkbox"/> I am stressed |
| <input type="checkbox"/> My physical health has worsened | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> I feel lonely | |
| <input type="checkbox"/> I feel bored | |
| <input type="checkbox"/> Other: _____ | |

What are the most appealing aspects of senior center activities for you? (Please select up to three choices)

- | | |
|---|--|
| <input type="checkbox"/> Opportunity to socialize with others | <input type="checkbox"/> Source of community |
| <input type="checkbox"/> Opportunity to make new friends | <input type="checkbox"/> Employment, volunteering, and/or civic engagement opportunities |
| <input type="checkbox"/> Hot meals served in a social setting | <input type="checkbox"/> Available transportation services |
| <input type="checkbox"/> Meals delivered to residence | |
| <input type="checkbox"/> Friendly staff | |
| <input type="checkbox"/> Access to health/fitness/wellness services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Activities such as crafts and art classes | |
| <input type="checkbox"/> Games, such as bingo and bridge | |
| <input type="checkbox"/> Access to in-home services | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Counseling and management services | |

What are some barriers that prevent you from participating in activities at your senior center? (Please select up to three choices)

- ☐ Do not want to be associated with a senior center
- ☐ Do not want others to know I am using senior center services (stigma)
- ☐ Unable to physically get to a senior center
- ☐ Building inaccessible (long walk, poor lighting, poor parking, etc.)
- ☐ Senior center neighborhood is unfamiliar
- ☐ Schedule does not allow for senior center activities
- ☐ Do not know where the closest senior center is
- ☐ Do not know how to enroll in senior center services
- ☐ Do not understand the services offered at senior centers
- ☐ Do not know the costs to participate in senior center activities
- ☐ Do not have a point of contact with a senior center
- ☐ Do not think I need it
- ☐ Other: _____
- ☐ I have nothing preventing me from using my local senior center

If you selected that you do not want to be associated: If you would like to expand, why do you not want to be associated with a senior center?

Have you or a partner used senior center services? ☐ Yes ☐ No

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If yes, have senior center services helped you or your partner remain in your home rather than transition to an assisted living facility or nursing home? ☐Yes ☐No

Technology

Do you own a device that you can connect to the internet with? ☐Yes ☐No

Do you need training on how to use devices that connect to the internet? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I don't need any training | <input type="checkbox"/> Online shopping |
| <input type="checkbox"/> Video calls | <input type="checkbox"/> Avoiding scams |
| <input type="checkbox"/> Conference calls | <input type="checkbox"/> Finding information and resources online |
| <input type="checkbox"/> Emails | <input type="checkbox"/> General internet use |
| <input type="checkbox"/> Social media (eg. Facebook, Instagram) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Programs specific for hobbies like art, animation and creative writing | |

Do you have an active internet connection at home? ☐Yes ☐No

**If no, what are the barriers to getting it? (Select all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Cost of initial setup | <input type="checkbox"/> No internet service provider for my address |
| <input type="checkbox"/> No land/broadband connection | <input type="checkbox"/> Do not want an internet connection at home |
| <input type="checkbox"/> Satellite issues | <input type="checkbox"/> No device that connects to the internet |
| <input type="checkbox"/> Monthly cost of service | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Do not know where to go | <input type="checkbox"/> No interest in getting internet access |

Do you know how to stay safe online and avoid scams? ☐Yes ☐No ☐Partially

Has your medical provider offered you appointments with a doctor, nurse, or other health professional by video or by phone?

- | | |
|--|--|
| <input type="radio"/> Yes, and I have had an appointment by video or phone | <input type="radio"/> No |
| <input type="radio"/> Yes, but I have not had an appointment by video or phone | <input type="radio"/> I do not know |
| | <input type="radio"/> I have not seen a provider |

Medical

How would you rate your emotional health?

- | | | |
|---------------------------------|----------------------------|--|
| <input type="radio"/> Excellent | <input type="radio"/> Fair | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Good | <input type="radio"/> Poor | |

**If fair or poor, please reach out to Wyoming 211 by calling 211 to connect with resources.*

Do you require assistance to complete activities of daily living (ADL's; walking, eating, dressing and grooming, toileting, bathing, and transferring)?

☐Yes ☐No

Do you require assistance to complete independent activities of daily living (IADL's; managing finances, managing transportation, shopping and meal preparation, house cleaning and home maintenance, managing communication, and managing medications)?

☐Yes ☐No

CCW Medicaid

The Aging Division would like to gauge your awareness of and engagement with other community support programs such as the Community Choices Waiver (CCW) program. The CCW is a program specifically for Medicaid users, designed to enable adults to stay at home and in their community for longer. The level of care needed to be eligible for this waiver is the Nursing Home level of care, usually a function of ability to complete ADL's and IADL's. The CCW is provided as an alternative to institutional care, and individuals must be eligible.

How would you rate your knowledge of Community Choices Waiver (CCW) programs prior to this survey?

☐ A great deal

☐ Very little knowledge

☐ Some knowledge

☐ No prior knowledge

Have you ever had a healthcare professional evaluate your long-term care needs or propose support resources for you? ☐Yes ☐No

Are there any important services you require that are not currently provided by either senior centers or the CCW programs as far as you know?

☐Yes ☐No

If yes, please explain your answer: _____

Please circle yes or no for any insurance plans that you currently have to help pay for your health care.

(a) Private health insurance offered through an employer or a union. This could be insurance through a current job, a former job, your job or someone else's job	Yes	No
(b) Private health insurance plan that you bought yourself	Yes	No
(c) Private health insurance that you bought through a government exchange under the Affordable Care Act	Yes	No
(d) Medicaid, or some other type of state or government provided medical assistance	Yes	No
(e) Medicare	Yes	No
(f) CHAMPUS or care through the Veterans administration	Yes	No
(g) Other health insurance	Yes	No

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Demographics III (For people 60+ and/or caregivers)

What is the average annual income for your household? *(We use this to average levels of poverty in the state and none of this data in the survey can be linked back to you at all)*

<\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000
\$45,000	\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	>\$70,000

Is English your primary language spoken at home? ☐ Yes ☐ No

**If No: What is your primary language spoken at home?*

What is your gender identity? *(We use this to identify population changes in the state, none of the data in this survey including this section can be linked back to you at all)*

- ☐ Male/man

☐ Female/woman

☐ Transgender

☐ Something else, please specify:

☐ Prefer not to answer

What is your sexual orientation? *(We use this to identify population changes in the state, none of the data in this survey including this section is identifiable)*

- ☐ Heterosexual (Straight)

☐ Gay

☐ Lesbian

☐ Bisexual

☐ Something else, please specify:

☐ Prefer not to answer

End of section for people 60+

Final Questions for All

Do you have any other thoughts that you would like to share with us at this time about anything related to aging issues or services in your communities?

The Wyoming Department of Health-Aging Division sincerely thank you for your time and for participating in this survey. If you would like to learn more about any of the services or organizations that appeared in this survey, please call (800) 442-2766 to contact the Wyoming Department of Health- Aging Division. Please return this survey using the stamped addressed envelope provided before the end of February 2021 and as soon as possible so we can process your answers and include your results. Return



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